

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                     | 10675229                     |          |        |                      |
|--|------------------------------|----------|--------|----------------------|
| <b>Filing Date:</b>                            | 29-Sep-2003                  |          |        |                      |
| <b>Title of Invention:</b>                     | Body fluid absorbing article |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>    | Takako Fujii                 |          |        |                      |
| <b>Filer:</b>                                  | Robert Popa                  |          |        |                      |
| <b>Attorney Docket Number:</b>                 | B-5248 621294-8              |          |        |                      |
| Filed as Large Entity                          |                              |          |        |                      |
| <b>Utility under 35 USC 111(a) Filing Fees</b> |                              |          |        |                      |
| Description                                    | Fee Code                     | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                           |                              |          |        |                      |
| <b>Pages:</b>                                  |                              |          |        |                      |
| <b>Claims:</b>                                 |                              |          |        |                      |
| Independent claims in excess of 3              | 1201                         | 1        | 220    | 220                  |
| <b>Miscellaneous-Filing:</b>                   |                              |          |        |                      |
| <b>Petition:</b>                               |                              |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>        |                              |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>       |                              |          |        |                      |
| <b>Extension-of-Time:</b>                      |                              |          |        |                      |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Extension - 1 month with \$0 paid | 1251     | 1        | 130    | 130                  |
| <b>Miscellaneous:</b>             |          |          |        |                      |
| <b>Total in USD (\$)</b>          |          |          |        | <b>350</b>           |